

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD

County

No. 100File 293/31/99
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3/30/99
Name of Physician Dr. Everett Bickers MD

MALE APPLICANT				
Name	First	Middle	Last	
	<u>Jeremiah</u>	<u>H.</u>	<u>Reynolds</u>	
Date of Birth	Month	Day	Year	
	<u>6</u>	<u>6</u>	<u>77</u>	
Place of Birth (State or foreign country) <u>Indiana</u>				
Residence Address	Street or R.R.	City	County	State
<u>477 Miller Ave</u>	<u>Clarksville</u>	<u>Clark</u>	<u>Ind.</u>	
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>N/A</u>				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Indiana Driver's License</u>				
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>				
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
5. List the full names of any dependent children. <u>Shane + Savannah Reynolds</u>				
6. (a) Full name of applicant's father <u>Robert A. Reynolds</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Ind.</u> Birthplace of father (State or foreign country) <u>OHIO</u> (b) Full maiden name of applicant's mother <u>Brenda K. Mayfield</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u>				

FEMALE APPLICANT				
Name	First	Middle	Last	
	<u>Donna</u>	<u>M.</u>	<u>Wrightthouse</u>	
Date of Birth	Month	Day	Year	
	<u>2</u>	<u>27</u>	<u>77</u>	
Place of Birth (State or foreign country) <u>Ky</u>				
Residence Address	Street or R.R.	City	County	State
<u>1540 E. 8th St.</u>	<u>New Albany</u>	<u>Ind.</u>		
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>N/A</u>				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Indiana Driver's License</u>				
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>				
2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
5. List the full names of any dependent children. <u>Shane + Savannah Reynolds</u>				
6. (a) Full name of applicant's father <u>Duke James</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> (b) Full maiden name of applicant's mother <u>Paula S. Wrightthouse</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u>				

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
* Jeremiah M. Reynolds 3/31/99
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of FLOYD) ss: I swear/affirm that the information given in this application is true and correct.
* Signed Jeremiah M. Reynolds
New Address _____
Subscribed and sworn to before me this 31st day of March
Eugene Freiberger Clerk of the FLOYD Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of FLOYD) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
* Donna M. Wrightthouse 3/31/99
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of FLOYD) ss: I swear/affirm that the information given in this application is true and correct.
* Signed Donna M. Wrightthouse
New Address _____
Subscribed and sworn to before me this 31st day of March
Eugene Freiberger Clerk of the FLOYD Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of FLOYD) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated 3/31/99, authorizing the marriage of JEREMIAH M. REYNOLDS and DONNA M. WRIGHTHOUSE.

I further certify that the following marriage certificate was filed in my office:
I, J. FRANKLIN DENNIS (name), certify that on 3/31/99 (date), at NEW ALBANY in FLOYD County, Indiana, JEREMIAH M. REYNOLDS FLOYD County, INDIANA (state), and DONNA M. WRIGHTHOUSE FLOYD County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated _____

Signed by: J. FRANKLIN DENNIS / MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 4/1/99 (date).

Signed EUGENE FREIBERGER Clerk
FLOYD Circuit Court